

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/193765** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	2			1		
9	2			1		
10	2			1		
11	2			1		
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46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						